

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

101594320

FILING DATE:

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X						51						
2		X					52						
3		X					53						
4		X					54						
5		X					55						
6		X					56						
7		X					57						
8		X					58						
9	X						59						
10		X					60						
11		X					61						
12		X					62						
13		X					63						
14		X					64						
15	X						65						
16		X					66						
17		X					67						
18		X					68						
19		X					69						
20		X					70						
21	X						71						
22		X					72						
23		X					73						
24		X					74						
25		X					75						
26		X					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3												
TOTAL DEP.		15											
TOTAL CLAIMS	18												